ADMINISTRATIVE AND MEDICAL NURSING CONSULTANTS

The objectives of having primary program consultants are as follows:

1. To improve communication and cooperation between the central office and delegate agency staff by providing one primary contact at the State level for administrative and medical/nursing issues.
2. To assess delegate agencies' needs for administrative or medical consultation, training and technical assistance, and to coordinate the provision of these services.
3. To provide Title X program orientation to new delegate agency staff.

ADMINISTRATIVE CONSULTANT RESPONSIBILITIES

- Determine and coordinate training, consultation, and technical assistance needs of the delegate agency staff.
- Review annual budgets and client volume with the delegate's coordinator, if requested and if needed, provide guidance in the determination of staffing needs, purchase of equipment, etc.
- Assist delegate agency staff in performing cost analysis and analyzing the results.
- Provide general orientation to the Family Planning Program to new delegate agency staff, as requested.
- Assist delegate agency staff in developing marketing and outreach plans as needed.
- Assist delegate agency staff in developing and completing activities for the Work Plan.

ADMINISTRATIVE SITE VISIT

The purpose of the **Administrative** Site Visit is to determine whether delegate agencies are managed effectively and comply with Title X, federal, and state requirements.

The Administrative Consultant conducts an Administrative Site Visit every third year, alternating with Medical Site Visits and medical chart audits. **Fiscal Site Visits will be conducting on a separate cycle. Please see Section XI "Risk Management/Quality Assurance Policy" of the Nursing Manual for more information on Medical Site Visits.**

ADMINISTRATIVE SITE VISIT PROCEDURES

1. The Administrative Consultant should arrange a date with the delegate's Family Planning Coordinator approximately 60 days in advance for the site visit. Generally, it is best to schedule an Administrative Site Visit on a non-clinic day. Copies of a confirmation letter should go to the coordinator's supervisor.

2. The pre-visit form should be sent to the coordinator at least six weeks prior to the scheduled visit. It should be completed by the coordinator and returned to the consultant 1-2 weeks before the visit. The list of materials to be reviewed on site should always be sent with the pre-visit tool. Prior to the visit, it is the responsibility of the consultant to review recent semi-annual expenditure reports submitted to central office; review the most recent funding formula amount; review data regarding clients served; review the agency's work plan; and be familiar with the agency file and previous correspondence between the agency and central office.

3. At the beginning of the site visit, an entrance interview should be held with the appropriate local agency staff to discuss the process involved and the day's agenda. Local staff should have all of the materials requested for review available at this time.

4. The consultant should spend most of the day with the Family Planning Coordinator to review the completed pre-visit tool, materials requested, and to complete the site visit tool. Whenever possible, the consultant should confirm compliance by observation vs. report (e.g., if the Bill of Rights for Clients is posted and visible to clients).

5. The consultant should tour the clinic and observe the interactions of the front desk staff with clients, if possible.

6. The consultant should review approximately 10 charts, checking for documentation of income, charges, collections, and donations, and comparing chart information to data reported in IRIS.

7. An exit interview should be held with all appropriate local agency staff, including, whenever possible, the supervisor of the Family Planning Coordinator. Discussion should include the preliminary results of the evaluation and possible recommendations. Strengths should be emphasized.

8. A final report should be completed and mailed to the delegate agency within four weeks of the visit. Copies should be circulated among State program staff, sent to the local coordinator's supervisor, and to the public health nurse consultant from the Colorado Department of Public Health and Environment (CDPHE) Office of **Planning and Partnerships**. The report, completed site visit tools, and subsequent follow-up correspondence should be placed together in the central files. Compliance issues should be clearly outlined in the report. Delegate agencies will be given six weeks to submit a written compliance plan to the CDPHE Women's Health Unit, with full compliance achieved within three months of the report. It is the consultant's responsibility to assure that a compliance plan has been received by the due date and that the agency has addressed all compliance issues in a satisfactory fashion.

ADMINISTRATIVE PRE-VISIT MATERIALS CHECKLIST

Please prepare the following items for assessment at the Administrative Site Visit.

- ❑ Schedule of clinic hours that is made available to clients, i.e. wall chart or handout
- ❑ Agency organizational chart
- ❑ Family Planning Program sliding fee/charge schedule
- ❑ Federal Poverty Guidelines
- ❑ Cost Analysis documentation
- ❑ Written procedure and policy manuals for agency/program staff (general, fiscal, personnel, etc.), including the following. (These policies may exist at a program, agency or county level):
    - o Written policy that no person is denied treatment that is available and medically indicated on the basis of religion, age, sex, race, color, creed, national origin, handicap, number of pregnancies, marital status, contraceptive preference, or the source of payment of his/her care
    - o Written policies and procedures for any <u>required</u> services provided by referral (if applicable)
    - o Written policy that establishes safeguards to prevent employees, consultants, members of the governing board, or advisory committees from using their positions for the purposes of personal gain
    - o Written personnel policies
    - o Written plans and procedures for the management of emergencies/disasters
    - o Policy for handling bioterrorism threats
    - o HIPAA policies and procedures
    - o Written policies and procedures for overall fiscal management of the program
    - o Written policies and procedures for billing and collecting client fees
    - o Written purchasing policies and procedures.
    - o Written policy for aging outstanding accounts
- ❑ Orientation and in-service training materials used with new staff
- ❑ CDPHE Family Planning Program Administrative Manual
- ❑ CHPHE **Family Planning Program** Nursing Manual
- ❑ Minutes/determinations from the Information and Education (I&E) and/or Advisory Committee
- ❑ Ten client records from a recent clinic and corresponding log/charge sheets/"super bills" to ascertain income codes and charges
- ❑ Family planning client new client packet
- ❑ Most recent financial audit
- ❑ Letter used to collect outstanding balances from clients

The following is a sample of the Administrative Site Pre-Visit Tool. This form can be downloaded from the Women's Health Unit website at:
http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html

STATE OF COLORADO

Bill Ritter, Jr., Governor
Martha E. Rudolph, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department of Public Health and Environment

FAMILY PLANNING PROGRAM

ADMINISTRATIVE SITE PRE-VISIT TOOL

Please fill out this form and return it, along with a copy of the organizational chart for your agency, to the Administrative Consultant at least 2 weeks prior to the site visit.

Date:	
Name of person completing this form:	
Agency:	

1. List all Family Planning Clinic Sites

Clinic Location:	Average number of visits per month at each site:

2. For each Family Planning Clinic Site, please provide the following:

First Clinic Site:

a. List clinic days and regular hours of operation for this site	
Day of the week:	Hours:
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

b. List staff members that work in the family planning program at this site and the approximate amount of time (%) spent doing family planning;	
Staff Member:	Percent of time doing family planning:

c. For this site, list required family planning services (i.e., IUD insertion, etc.) which are usually provided off-site/by referral:

Second Clinic Site (if applicable):

a. List clinic days and regular hours of operation for this site	
Day of the week:	Hours:
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

b. List staff members that work in the family planning program at this site and the approximate amount of time (%) spent doing family planning;	
Staff Member:	Percent of time doing family planning:

c. For this site, list required family planning services (i.e., IUD insertion, etc.) which are usually provided off-site/by referral:

Third Clinic Site (if applicable):

a. List clinic days and regular hours of operation for this site	
Day of the week:	Hours:
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
b. List staff members that work in the family planning program at this site and the approximate amount of time (%) spent doing family planning;	
Staff Member:	Percent of time doing family planning:
d. For this site, list required family planning services (i.e., IUD insertion, etc.) which are usually provided off-site/by referral:	

3. For the clinic site that will be visited, please choose one week in the last three months that is most typical of your usual clinic process.

a. How many scheduled clients were seen?	
b. How many walk-ins?	
c. How many no-shows?	

4. For the clinic site that will be visited, if a client called today, how soon would she/he get an appointment for:

Type of Visit:	Length of time to get in:
a. Pregnancy Test	
b. Initial Exam	
c. Annual Exam	
d. Problem Visit (Medical)	
e. Supply Visit	
f. Repeat Pap Smear	
g. Delayed Exam	
h. Emergency Contraception	

5. Do you feel it takes too long for clients to get an appointment?

Yes	No

6. Do you use any of the following to remind clients of upcoming visits?

a. Mailed Reminder		
b. Telephone Reminder		
c. Other Reminder (please specify below)		
Specify here:		

7. Is (are) your clinic(s) close to public transportation?

Yes	No

If applicable, please describe proximity of bus lines or other means of public transportation (in box below):

8. To whom does the Program Coordinator report?

a. What kinds of decisions relative to the program are made by this next level of administration?	
b. Who does the program planning?	
c. Who does the budget?	

9. List the most important accomplishments of the last year:	
a. What major barriers or problems did you encounter this part year?	
b. What changes are planned for next year?	

10. Would you like consultation or technical assistance regarding:	Yes	No
a. Decreasing your no-show rate		
b. Scheduling		
a. Program planning/evaluation		
b. Budgeting/financial management		
c. Clinic/Client Flow		
d. Training (if yes, specify in the box below)		
e. Other (if yes, specify in the box below)		

The following is a sample of the Administrative Site Visit Tool. This form can be downloaded from the Women's Health Unit website at: http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html

FAMILY PLANNING PROGRAM
ADMINISTRATIVE SITE VISIT TOOL

Delegate Agency: _____

Consultant: _____

Delegate Staff in Attendance: _____

Date of Visit: _____

Items marked with an asterisk ("*") are program requirements or "musts" for compliance. Items not marked with an asterisk are recommendations or "shoulds" for the program.

The "[42 CFR 59.5]" citation refers to the location of the requirement/recommendation in the Title X federal law (Code of Federal Regulations).

References such as "(6.5 p.5)" indicate the location of the requirement/recommendation in the *Program Guidelines For Project Grants For Family Planning Services*.

The "Federal Site Visit Tool" indicates requirements outlined in the federal site visit tool that were not clearly outlined elsewhere.

CONSULTANT PRE-SITE VISIT REVIEW	YES	NO	REMARKS
1. a) The delegate agency has a written work plan that relates to the Women's Health Unit's Title X goals and objectives.			
b) The agency work plan reflects community and consumer involvement (6.9 p.12).			
c) It is renewed and updated at least annually and is used to monitor and evaluate the program.			
d) The agency has at least one community education/family involvement objective in the work plan (6.2 p.7).			
2. The site visit pre-tool was completed and returned prior to the visit as requested.			
3. The following have been submitted in a timely fashion:			
*a) FTE report by January 31 of each year. (On time in the last 3 years?)			
*b) Semi Annual expenditure reports by February 7 and August 7 of each year. (On time in the last 3 years?)			
*c) Work plan progress report by June 30 and work plan by January 31 of each year. (On time in the last 3 years?)			
*d) Independent medical audits by the specified due dates. (On time in the last 3 years?)			
*e) The sliding fee scale by September 1st every year. (On time in the last 3 years?)			
*f) Client satisfaction survey summary results by October 31 of each year. (On time in the last 3 years?)			
*g) Family Planning data **quarterly reports have been signed and submitted on time**. (On time in the last **3** years?)			
h) Cost reimbursement statements.			
i) Their current timely submission percentage is above 75%. (What is their %?)			
j) They have never missed out on being part of a method buy due to tardy submissions.			
4. The agency is on track to meet their contracted number of target clients.			
CLIENT RIGHTS AND SERVICES	**YES**	**NO**	**REMARKS**
*1. The program has a policy, in writing, that no person is denied treatment that is available and medically indicated on the basis of religion, age, sex, race, color, creed, national origin, handicap, number of pregnancies, marital status, contraceptive preference, or the source of payment of his/her care [42 CFR 59.5 (a) (4)].			
*a) The program has a written Client Bill of Rights that includes the points on the recommended Client Bill of Rights.			
*b) It is posted or given to clients in writing.			
*2. Services are provided without a residency requirement or a physician referral [42 CFR 59.5, (b)(5)].			
*3. Clients voluntarily choose to receive services and their contraceptive method of choice without coercion (5.1 p.5) [42 CFR 59.5 (a)(2)].			

CLIENT RIGHTS AND SERVICES (cont.)	YES	NO	REMARKS
4. *a) Clients are informed that fees for services are based on their income and family size and that they will be charged according to a fee scale (6.3 p.7) [42 CFR 59.5 (a)(8)].			
* b) Clients are informed that no one is denied services because of an inability to pay (6.3 p.7).			
*c) Clients whose income is at or below 100% of poverty are not charged or billed for required services (6.3 p.7-8) [42 CFR 59.5 (a)(7)].			
*d) Fees for minors requesting confidential services are based on their own income (6.3 p.7). (What is the methodology for determining if clients are seeking confidential services?)			
*e) #4 a-d are posted or given to clients in writing (WHU).			
5. *a) Consent forms and education materials **(including HIPAA notices and consents)** are available in the primary language of all clients; or interpreters are available for non-English speaking clients (8.1 p.17).			
b) If 10% or more of the client population speaks a primary language other than English, bilingual staff is available for interpretation (WHU). (What is their %?)			
c) Are bilingual staff members formally trained in medical interpretation and/or translation?			
6. *a) When required services are provided by referral, the policies and procedures are in writing, including a description of the services provided (6.1 p.6; 7.4 p.16) [42 CFR 59.5 (b)(9)]. *Delegates must have their own policy.*			
***b) A written agreement exists between the delegate agency and the referral agency or provider (7.4 p.16)**			
***c**) There is a mechanism for reimbursement of costs to a referral agency providing required services (7.4 p.16).			
***d) The agreement specifies fiscal responsibility for unexpected follow-up/complications.**			
7. The program provides OTC methods and education to males.			
8. The program provides care to walk-in clients.			
9. Evening and/or weekend hours are available (6.4 p.9).			
*10. If there is a waiting list for appointments, target clients are given priority for services (8.7 p.25) [42 CFR 59.5 (a)(6)].			
11. The program gives verbal or written reminders for clients to return each year for an exam.			
*12. Client's acceptance of family planning services is not a prerequisite to eligibility or receipt of a non-Title X service (5.1 p.5) [42 CFR 59.5 (a)(2)].			
*13. The program has a policy in writing that establishes safeguards to prevent employees, consultants, members of the governing board, and advisory committees, from using their positions for the purposes of personal gain (5.3 p. 6). *Delegates/Agencies/Counties must have their own policy.*			
*14. **a)** The agency has an after hours phone message to instruct clients what to do in case of emergency.			

CLIENT RIGHTS AND SERVICES (cont.)	YES	NO	REMARKS
***b) If a significant proportion of clients speak a primary language other than English, the message is also in the primary language of that population.**			
*15. The agency notifies WHU of human subjects research projects in which family planning clients are subjects and the agency adheres to legal requirements governing human subjects research (5.5 p. 6).			
COMMUNITY OUTREACH AND MARKETING	**YES**	**NO**	**REMARKS**
1.*a) The agency establishes and implements planned activities to make their services known to the community (6.9 p.12) [42 CFR 59.5 (b)(3)].			
*b) The agency makes special efforts to make their services known to the target population (6.9 p 12) [42 CFR 59.5 (b)(3)].			
2. Written information about services and clinic hours is available to clients, and agencies referring clients to family planning (pamphlet, referral card, etc.).			
3.*a) The agency conducts community education programs regarding reproductive health (6.9 p.12) [42 CFR 59.5 (b)(3)].			
b) Presentation records/evaluations are kept on file.			
4.*a) The agency has an Information and Education (I&E) Committee that approves educational materials prior to their distribution [42 CFR 59.6 (a)]. This committee is made up of 5-9 members [42 CFR 59.6 (b)(1)] who broadly represent the client population [42 CFR 59.6 (b)(2)] and review materials according to Title X guidelines (Consider educational and cultural background of the recipient; Consider community standards and appropriateness for community served; Are factually accurate) (6.8 p.10)[42 CFR 59.6 (a)].			
*b) There are written records of I&E committee determinations on file (6.8 p.11) [42 CFR 59.6(b)(3)(v)].			
5.*a) The agency has an Advisory Committee that participates in the development, implementation, and evaluation of the project, or uses the I & E Committee for these purposes. This committee meets annually (6.9 p.11) [42 CFR 59.5 (b)(10)].			
b) There are minutes of these meetings on file.			
*c) The committee is broadly representative of the population served [42 CFR 59.5 (b)(10)].			
*d) Members are knowledgeable about community needs [42 CFR 59.5 (b)(10)].			
*6. Delegate publications acknowledge federal support (6.10 p.12).			

PERSONNEL	YES	NO	REMARKS
*1. There is a written organizational chart for the agency, which defines lines of authority and responsibility; is revised as necessary; and is available to agency personnel (Federal Site Visit Tool).			
2. *a) Written personnel policies exist which detail procedures for equal employment opportunities [Title VI Civil Rights Act]. *Delegates/Agencies/Counties must have their own policies.*			
b) Written personnel policies exist which detail procedures for staff recruitment; selection; performance evaluation; promotion; termination; compensation; benefits; leave/absence policies; and discipline (6.5 p.9). *Delegates/Agencies/Counties should have their own policies.*			
*c) A formal grievance mechanism is available for all staff (Federal Site Visit Tool).			
d) These policies are made available to all program personnel.			
e) They are reviewed annually.			
3. Project staff is broadly representative of the population served (6.5 p.9) [42 CFR 59.5 (b)(10)].			
4. *a) Employee compensation is reasonable and comparable to that paid for similar work in the area [Title VI Civil Rights Act]. (Do they do a salary survey?)			
b) Resources allow coverage when there is turnover, vacation, or illness.			
*5. The agency maintains confidential personnel records for each employee (6.5 p.10).			
*6. There is an established procedure for orientation and training for all staff that includes family planning **and Title X** specific training (6.6 p.10) [42 CFR 59.5 (b)(4)].			
7. a) There is ongoing training and continuing education available to all staff (6.6 p.10).			
b) Attendance at workshops/training is documented and kept on file **in the employee's personnel file** (6.6 p.10).			
8. All state and local program policy and procedure manuals are available to all staff (6.5 p.9).			
9. All family planning program staff have reviewed the Administrative Manual and have signed the signature sheet.			
10. *Written job descriptions are available for key personnel (Federal Site Visit Tool).			
a) They delineate duties, functions and responsibilities; and specify education and experience needed for the position.			
b) They include salary ranges for the position.			
c) They are reviewed annually and revised as needed.			

FACILITY	YES	NO	REMARKS
1.*a) The facility meets applicable standards for the management of emergencies established by the Federal, state and local government (e.g., local fire, building & licensing codes) (6.4. p.9).			
*b) Fire evacuation routes are prominently posted, and staff understand assigned emergency escape routes [29 CFR 1910.37 and 1910.38].			
*c) Exits are recognizable and free from barriers [29 CFR 1910.37].			
*2. There is a comprehensive liability insurance policy in place that covers all segments of the project funded by the grant, including members of the governing board. (5.4 p. 6) (CDPHE contract).			
3.*a) The agency has written plans and procedures for the management of emergencies/disasters (6.4 p.9) [29 CFR 1910.38]. *Delegates/Agencies/Counties must have their own policy.*			
*b) Staff has completed training and understands their role in an emergency or natural disaster [29 CFR 1910.38].			
4. The traffic flow through the clinic is such that unnecessary embarrassment to the client is avoided and staff can function efficiently (6.4 p.9).			
5. There is adequate space for private consultation and interviews, to protect confidentiality (6.4 p.9).			
6. There are adequate bathrooms, changing areas, and exam areas (6.4 p.9).			
*7. The agency's location and facilities are accessible to handicapped visitors and clients (6.4 p.9).			
*8. The agency has a policy in place for handling bioterrorism threats that addresses the chain of command, client and staff safety, contamination protocols and reporting procedures (6.4 p. 9). *Delegates/Agencies/Counties must have their own policy.*			
*9. The agency **provides services in a** drug-free workplace [**Appendix C to 45 CFR 76**].			
***10. The agency provides services in a smoke-free workplace [Public Law 103-227].**			
ADMINISTRATION	**YES**	**NO**	**REMARKS**
*1. The agency is properly organized and incorporated according to law, as a public or non-profit agency. 501(c) approval has been given by the IRS for non-profit agencies (3.1 p.2).			
*2. The work plan is available to staff upon request.			
3. Materials that were requested on the pre-visit checklist were available for the site visit.			
*4. Program has a plan for policies and procedures that address all applicable HIPAA regulations [65 FR 82462, 50312]. *Delegates/Agencies/Counties must have their own policy.*			

FINANCIAL MANAGEMENT	YES	NO	REMARKS
1.*a) There are written policies and procedures for overall fiscal management of the program (6.3 p.7-8). *Delegates/Agencies/Counties must have their own policy.*			
*b) There are written policies and procedures for billing and collecting client fees. *Delegates/Agencies/Counties must have their own policy.*			
*c) There are written purchasing policies and procedures [42 CFR 74.40]. *Delegates/Agencies/Counties must have their own policy.*			
*2. There is an adequate chart of accounts that includes at a minimum, Expenditure Revenue Report (ERR) required line items [45 CFR parts 92, Subpart C].			
*3. A double entry system is used that balances income and expenditures [45 CFR parts 92, Subpart C].			
*4. The agency has been audited by an auditor who has met established criteria for qualifications and independence (when?) (6.3 p.8) [OMB A-133, 500(a), GAGAS Standards].			
*5. There is adequate documentation of time and effort designated to Title X program (example: Continual time sheet showing program time) (OMB **A-87 and** A-122).			
*6. Family Planning receipts, including client fees and donations, are used only for program purposes [42 CFR 59.9]. (How are they sure?)			
*7. Payroll is prepared by someone other than the timekeeper [GAGAS Standards].			
8.*a) No one person has complete control over more than one key function or activity (e.g., authorizing, approving, certifying, disbursing, receiving, or reconciling) [OMB A-133, 300 and 45 CFR 74.21].			
*b) Responsibility for physical security/custody of assets is separated from record keeping/accounting for those assets [OMB A-133, 300 and 45 CFR 74.21].			
*c) Unauthorized access to assets and accounting records is prevented [OMB A-133, 300 and 45 CFR 74.21]. (How?)			
9. a) Cash receipts are properly documented and promptly deposited.			
b) Numbered receipts are completed and given to clients for all donations or payments. (What is the process?)			
10. If an accountant does not maintain the system, the agency has accounting consultation available.			
11. Dual signatures are required for check signing or there is a series of approvals required.			
12. There is a properly documented and administered petty cash fund limited to $100.			

FINANCIAL MANAGEMENT (cont.)	YES	NO	REMARKS
13. Bank accounts are reconciled promptly by persons not involved in disbursement functions [OMB A-133, 300 and 45 CFR 74.21].			
*14. The agency has fidelity bond coverage for employees [45 CFR 74.21 7d]. **(Local health departments are exempt)**			
15. Central records are maintained which include purchase requisitions and receipts.			
16. The program purchases from bulk purchasing agreements [45 CFR 92.36 (5)].			
17. a) The agency has inventory controls that monitor purchases, track storage and use, and record removal of items from the inventory [45 CFR 74.30].			
*b) The agency has documented equipment purchased with Title X funding in accordance with 45 CFR 92.32 or 45 CFR 74.34 (6..3 p.7). (Per Title X, equipment is any single item over $5000)			
18.*a) The sliding fee scale is based upon the most recent federal poverty guidelines [42 CFR 59.5 (a)(8)].			
*b) The fees for services are based on an annual local cost analysis (6.3 p.7 #1).			
19. a) Client income is assessed and/or verified at least annually (6.3 p. 8).			
*b) Documentation of income and income code are recorded (6.3 p. 8 #4). (Do they take self-declaration or written verification?)			
*20. Clients are asked about Medicaid eligibility and referred appropriately (6.3 p.7 #1) [42 CFR 59.5 (a)(9)].			
21.*a) In cases where a third party is responsible, bills are submitted to that party (6.3 p.7 #1) [42 CFR 59.5 (a)(9)].			
*b) Bills to third party payers show total charges without applying any discount (6.3 p.8 #5) [42 CFR 59.5 (a)(9)].			
*c) Third parties authorized or legally obligated to pay for clients at or below 100% FPL are properly billed (6.3 p8 #3).			
22.*a) Efforts are made to collect past due accounts when confidentiality is not jeopardized. (6.3 p.8 #9).			
***b) There is a system to determine how much money is owed by clients and how long the debt is outstanding and not yet paid. (What is their system?)**			
***c**) Statements are given to clients at the time of services and show total charges less any allowable discounts (6.3 p.7-8 #1&7).			
***d**) A written policy for aging outstanding accounts is in place (6.3 p.8 #10). **(What is their methodology for writing off overdue accounts?)** *Agencies must have their own policy.*			
***e**) Methods for collection of past due accounts are not coercive (6.3 p.7). (look at sample collection statement)			

FINANCIAL MANAGEMENT (cont.)	YES	NO	REMARKS
23. *a) Donations from clients and program supporters are encouraged (6.3 p.8 #11).			
*b) Donations from clients are documented. (6.3 p.8 #11).			
*c) Clients are not pressured to make donations. Donations are not a prerequisite to the provision of services or supplies (6.3 p.8 #11). (What do they say?)			
*d) Billing requirements are not waived because of client donations (6.3 p.8 #11).			
24. Ongoing efforts are made to secure financial support from city, county or private organizations in the community.			
DATA MANAGEMENT	**YES**	**NO**	**REMARKS**
1. Data reports are routinely reviewed by program staff.			
2. Data reports are utilized in clinic management and long-range planning.			

ADMINISTRATIVE SITE VISIT CHART REVIEW

Review at least ten charts from recent clinic days for which data has been entered/submitted to IRIS. Compare information in the chart to what was recorded in IRIS.

CHART # (IRIS #)	DO REVIEWED DEMOGRAPHICS AND PROCEDURES RECORDED IN IRIS REFLECT INFO IN CHART?	WAS CLIENT ASSIGNED THE CORRECT INCOME CODE?	WHERE IS INCOME CODE RECORDED? IS IT CURRENT?	WERE CHARGES FOR SERVICES COMPLETE & ACCURATE?	WERE CHARGES, COLLECTIONS, BALANCE DUE, & DONATIONS DOCUMENTED AND RECORDED?	LIST OTHER PROBLEMS THAT NEED DISCUSSION OR FOLLOW-UP.